

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING**

**REGISTRATION WITH UTAH
RESIDENCE LIEN RECOVERY FUND**

DOPL-AP-034 REV 09/23/1999

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for registration. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of registration. Please read all instructions carefully.

Supporting Documents and Fees:

1. Submit evidence of registration of any assumed name (doing business as or DBA) or business legal entity registration with the Utah Division of Corporations
2. Submit the \$220.00 fee. This fee consists of:
 - ☐ The \$25.00 non-refundable application processing fee.
 - ☐ The \$195.00 Fund registration fee, which will be refunded if the application is denied

Laws and Rules: You are required to understand all Utah laws and rules pertaining to your membership in the Residence Lien Recovery Fund. The following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Utah Residence Lien Restriction and Lien Recovery Fund Act (Title 38, Chapter 11 Utah Code Annotated)
- ☐ Residence Lien Restriction and Lien Recovery Fund Rules (R156-38 Utah Administrative Code)

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

Make Licensure Fees Payable To:

State of Utah—Lien Recovery Fund

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing—LRF
P.O.Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing—LRF
160 East 300 South, 4th floor
Salt Lake City, Utah 84111

Telephone Numbers:

(801) 530-7632 or 530-6104

Fax Number:

(801) 530-6511
attn: LRF Program Secretary

APPLICATION FOR REGISTRATION

GENERAL INFORMATION

Registration Applying for: **RESIDENCE LIEN RECOVERY FUND MEMBERSHIP**

Business Name: _____

Federal Taxpayer ID Number/Social Security Number: _____

Have You Ever Registered with the Lien Recovery Fund Before? Yes_____ No_____

If Yes, Under what Business Name: _____

If Yes, What Registration Number: _____

PUBLIC MAILING ADDRESS

Street:_____

City:_____State:_____Zip:_____

County:_____

Telephone:_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved:_____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

REGISTRATION WITH THE FUND AS (please choose one):

_____ Supplier

_____ Contractor Exempt from Licensure, Classification _____

_____ Qualified Professional Entity

☐ Architectural Services

☐ Professional Engineering Services

☐ Land Surveying Services

☐ Landscape Architectural Services

☐ Other _____

_____ Licensed Contractor

CONTACT PERSON FOR LICENSING PURPOSES:

Name and Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____

LICENSES:

List all licenses, registrations, or certifications issued by any state, including Utah, that you now hold or have ever held in a regulated occupation or profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

License Number: _____

Issuing State: _____

Profession: _____

License Number: _____

BUSINESS ENTITY FORM:

____ Corporation
Utah Corporation Number_____

Partnership
☐ General or ☐ Limited
☐ Limited Liability

Utah DBA Number _____
 Utah LLP Number _____

_____ Sole Proprietorship
Utah DBA Number _____

____ Limited Liability Company
Utah LLC Number _____

DISCLOSURE OF NATURE OF BUSINESS:

Please describe how your business is involved in residential construction.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

RESIDENCE LIEN RECOVERY FUND QUALIFYING QUESTIONNAIRE

Please complete the following questionnaire. If the applicant is a supplier, contractor exempt from licensure, or qualified professional entity, please complete questions 1 through 4. If the applicant is a licensed contractor, please complete questions 5 through 8. Answer each question “yes” or “no.” Do not leave any question blank.

Suppliers, Contractors Exempt from Licensure, and Professional Entities

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, or manager associated with or employed by the applicant:

1. _____ ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application?
2. _____ ever applied for or become a registrant in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ ever, either under the name on this application or under a different name, applied for or obtained a payment from the Residence Lien Recovery Fund?
4. _____ have, either under the name shown on this application or under a different name, any claims pending before the Residence Lien Recovery Fund?

Licensed Contractors

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, or qualifying managing employee, manager associated with or employed by the applicant:

5. _____ have any claims currently pending before the Residence Lien Recovery Fund as the result of construction activities in which they were involved?
6. _____ ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
7. _____ ever applied for or obtained payment from the Residence Lien Recovery Fund or ever had a claim filed with the Fund as a result of construction activities in which they were involved?
8. _____ ever had a claim paid by the Residence Lien Recovery Fund for which they have not made full restitution?

If you answered “yes” to any of the above questions, please submit a written explanation. The explanation must specify which question is being explained, why the question was answered

“yes,” and the current status of the situation that led to a “yes” answer.

Note, a “yes” answer does not necessarily mean the applicant will not be granted registration. However, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant or agent for the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for registration with the Utah Residence Lien Recovery Fund and by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____